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ABSTRACT

This study used Brookfield's Critical Incident Questionnaire (CIQ) to assess the learning environment and student nurses' perceptions of hospital staff modeling behaviors. CIQs were distributed to Associate Degree female nursing students at United Medical Center in Cheyenne, Wyoming. A large majority (80%) of the 117 respondents identified hands-on patient care as the most engaging activity. On the other hand, 65% of respondents felt most distanced when not involved in hands-on patient care. Many respondents (85%) also identified performing procedures with verbal instruction/feedback as the most helpful or affirming modeling of professional nursing behavior. Negative modeling behaviors by hospital staff were listed by the respondents as any confusing and surprising actions (rudeness, incomplete paperwork, forgetting gloves, etc.). Students had a difficult time processing these incongruent visual messages. Implications from this study reveal that students desire an opportunity to create their own visual messages through modeling professional behavior. In addition, preceptors have a great influence on student learning and the learning environment through their modeling behaviors and visual messages. It is recommended that preceptors be carefully chosen, oriented, provided with ongoing support, and continually assessed. (AEF)

Student Nurses' Perceptions Of Hospital Staff Modeling Behaviors

by Sherise L. Valentine

Abstract

Modeling is the oldest form of visual communication. Visual literacy associated with modeling includes body language, facial expressions, and attire. As educators, our first responsibility to our learners is to provide them with the best learning environment possible. This study uses Brookfield's Critical Incident Questionnaire (CIQ) to assess the learning environment and student nurses' perceptions of hospital staff modeling behaviors. Results showed that students wanted the opportunity to create their own visual messages and that the learning environment was influenced more by hospital staff modeling behaviors than clinical instructor.

Introduction

As human beings, we gather most of our information visually. The scope of visual literacy includes body language, facial expressions, and attire. In fact, modeling is the oldest form of visual communication.

Nursing education, especially in the clinical area, relies heavily on modeling: The student observes the performance of a procedure, the student imitates/practices the procedure, the student performs the procedure in the clinical setting. "Before something can be learned, the model must be attended to; some models are more likely than others to be attended to such as those thought to be competent, powerful, attractive, and so on" (Merriam & Caffarella, 1991). Hospital staff nurses, working in the "real world", are viewed as such by students.

There are some differences between nursing theory in the classroom and nursing practice in the "real world". For example, nursing theory states that an IV needs to be changed every 72 hours. In practice, an IV is left in as long as it is patent if the patient has poor veins or is going home soon. Deciding which variations from nursing theory are acceptable or appropriate and which are not is not, and should not be, a student nurse's decision. These decisions are made by the clinical instructor or staff nurse caring for the patient, thus modeling professional nursing behavior. "Symbols retained from a modeling experience act as a template with which one's actions are compared" (Hergenhahn, 1988). Non-professional, unethical, inappropriate, and/or unacceptable decisions on the part of the hospital staff result in negative modeling behaviors and cause cognitive incongruence for the student. As educators, our first responsibility to our learners is to provide them with the best learning environment possible. "Teacher behavior is probably one of the most effective environmental interpreters, having the potential to enhance or destroy the environment for learning at the drop of the hat" (Heimlich & Norland, 1994). Yet, teacher/instructor behavior during the learning process is rarely assessed or evaluated.

Historically, assessment of the clinical environment has been from the instructor's perspective. The instructor would discuss concerns with hospital staff and administration with little or no input from the students. In addition, end of semester clinical evaluations focused on the clinical instructor and facility, not hospital staff nurses.

Even if final clinical evaluation forms were changed to include evaluation of hospital staff nurses, the information gathered would be after the fact and not helpful to that group of students. The same is true for any class where evaluation is performed only at the end of the semester. Adult educator, Stephen Brookfield, designed the Critical Incident Questionnaire (CIQ) to assess how students are experiencing their learning and the teacher's teaching as it happens (Brookfield, 1995). The CIQ is not copyrighted, and in fact, Brookfield encourages its use in all learning environments.

Every class and nursing clinical contains significant happenings that affect the learner's environment and hence learning and/or accomplishment. The CIQ gives the student an opportunity to share these moments with the

instructor and their peers. This information can then be used to adjust the learning environment to better meet the class/clinical objectives and the learner's needs. An example of Brookfield's CIQ is shown in Figure 1 below.

Figure 1
Critical Incident Questionnaire

1. At what moment in the class this week did you feel most engaged with what was happening?

2. At what moment in the class this week did you feel most distanced from what was happening?

3. What action that anyone (teacher or student) took in class this week did you find most helpful or affirming?

4. What action that anyone (teacher or student) took in class this week did you find most puzzling or confusing?

5. What about the class this week surprised you the most? (This could be something about your own reactions to what went on, or something that someone did, or anything else that occurs to you.)

Purpose

In consideration of the above information, it seemed appropriate and necessary to evaluate the students' perceptions of the hospital clinical learning environment. Therefore, the purposes of this study were to: 1) identify students' perceptions of positive and negative influences in the clinical learning environment, and 2) examine students' perceptions of hospital staff modeling behaviors.

These purposes were accomplished by using a modified version of Brookfield's CIQ which substituted "clinical" for "class", "today" for "this week", and "instructor, student, or staff" for "teacher or student".

Significance of the Study

The data obtained from this study adds to the body of knowledge on visual literacy assessment techniques. Furthermore, this study demonstrates the importance of assessing modeling behaviors in the practicum setting.

Identification of negative modeling behaviors, as they are happening, holds the most promise for preventative measures before adverse templates are formed and the learning environment destroyed.

Methodology

Admission to the study was open to all students assigned to the spring 1995, Monday and Wednesday, medical/surgical clinical rotation at United Medical Center in Cheyenne, Wyoming. There were 18 Associate Degree nursing students in their second, third, or fourth semester of a four semester program in nursing. Participants were all female, between 20 and 45 years of age.

CIQ's were collected twice a week at the end of the clinical day. Responses were summarized weekly and given to the students to read and discuss in post-clinical conferences. All responses were anonymous and voluntary. Of a possible 169 responses, 117 CIQ's were received.

Data Analysis

Eighty percent of the responses to the first question (At what moment in clinical today did you feel most engaged with what was happening?) identified hands-on patient care as most engaging. Fourteen percent of the respondents reported feeling most engaged while involved in patient, family, or peer teaching activities. Both of these categories represent the students' freedom to create visual-verbal messages through modeling professional nursing behaviors.

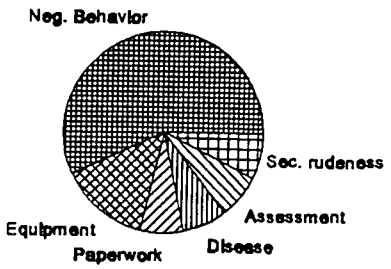
Responses to question #2 (At what moment in clinical today did you feel most distanced from what was happening?) further supported the students' desire to model professional nursing behaviors. Sixty-five percent of respondents felt most distanced when not involved in hands-on patient care, either because the patient left the floor or because the staff nurse took over the

patient's care and excluded the student.

Again in question #3 [What action that anyone (instructor, student, or staff) took in clinical today did you find most helpful or affirming?] 85% of respondents identified modeling professional nursing behaviors by performing procedures, with verbal instruction/feedback, as most helpful or affirming.

The most puzzling or confusing actions listed in response to question #4 [What action that anyone (instructor, student, or staff) took in clinical today did you find most puzzling or confusing?] were negative modeling behaviors by hospital nursing staff (see Figure 2 below).

Figure 2
Most Puzzling or Confusing Actions



Students had a difficult time processing these incongruent visual messages. Starting IV's without washing hands or wearing gloves; not following hospital policy and procedures; and, socially biased and judgmental remarks during report conflicted with the students' pre-conceived professional nursing model.

Students were also puzzled or confused about equipment, meds, clinical paperwork/charting, the patient's disease process, assessment techniques, and secretary rudeness.

Negative modeling behaviors by hospital staff were also listed as most surprising in question #5 (What about clinical today surprised you the most?). Fifty percent of the responses reported surprise and disbelief at the negative visual messages being sent by hospital staff modeling behaviors.

What does this mean in terms of the learning environment, or providing learners with the best visual messages so that learning is not only facilitated, but also enhanced?

Implications for Practice

Judging from common themes in this study, students desire an opportunity to create their own visual messages through modeling professional behavior. In addition, preceptors have a great influence on student learning and the learning environment through their modeling behaviors/visual messages.

While nursing instructors are carefully screened for their positions, preceptors are not. In addition, nursing instructors must have advanced educational preparation, preceptors do not. Any discipline that places students in practicum settings may encounter similar issues.

Recommendations

It is therefore recommended that preceptors be carefully chosen, oriented, provided with ongoing support, and continually assessed. In addition, continuous, ongoing assessment of the learning environment is needed so that students have an opportunity to verbalize concerns related to visual messages they are sending or receiving. Brookfield's CIQ is recommended as an appropriate assessment tool.

Positive Outcomes

Positive outcomes of this study included: 1) Student empowerment. Instead of feeling victim to the learning environment, students saw positive changes which in turn positively affected their clinical learning experience. 2) Information from the CIQ's was used to implement change in the preceptor choice and education process. 3) Because the instructor was made aware of professional and ethical issues as they happened, negative modeling behaviors could be used as topics for discussion in post-clinical conferences. Students had the opportunity to role play, critically analyze the behavior in question, and problem solve. Finally, 4) As a result of this study, the clinical learning environment became more positive and supportive of the student.

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